

DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.
h.d. ?
2010 JAN 11 AM 9:07

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

IMPORTANT: Indicate by # type of committee you are reporting for: ☒ 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name Political Party (if applicable)
Michael J. Reasoner Democratic

Office Sought District (if Senate or House)
State Representative 95

FORM**DR-2**

(Rev. 12/2009)

DISCLOSURE
REPORT**For Office Use Only**

Comm. #

Logged In

Scanned

Computer

Audited

1343

9 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Mike Reasoner

641-782-2693

1-7-10

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A January 19, 2010 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☒ 2☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 5,895.88

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

8,215.62

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 14,111.50

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

5,058.11

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 9,053.39

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 0.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1-3-09	ID# CK#	William D. Morain 901 West Main Street Lamoni, Iowa 50140		\$ 25.00	<input type="checkbox"/>
1-9-09	ID# 6146 CK# 1842	Homebuilders Association PAC 3072 104th Street Urbandale, Iowa 50322		250.00	<input type="checkbox"/>
8-28-09	ID# CK#	Janice Morgan 2452 South Lakeview Drive Greenfield, Iowa 50849		50.00	<input checked="" type="checkbox"/>
8-28-09	ID# CK#	Brad Lorenzen 601 Fremont Street Creston, Iowa 50801		30.00	<input checked="" type="checkbox"/>
8-28-09	ID# CK#	Steven Ackerson 1634 NW 131st Street Clive, Iowa 50325		100.00	<input checked="" type="checkbox"/>
8-28-09	ID# 6067 CK# 4073	Iowa Health PAC 1775 90th Street West Des Moines, Iowa 50266-1563		350.00	<input checked="" type="checkbox"/>
10-20-09	ID# 8028 CK# 2603	Monsanto Citizenship Fund 800 North Lindbergh Blvd. St. Louis, Missouri 63167		200.00	<input type="checkbox"/>
10-20-09	ID# 9659 CK# 1587	Federation of Iowa Insurers PAC P.O. Box 1756 Des Moines, Iowa 50306-1756		250.00	<input type="checkbox"/>
10-20-09	ID# 8251 CK# 2190	PRINPAC 711 High Street Des Moines, Iowa 50392		500.00	<input type="checkbox"/>
11-6-09	ID# 6021 CK# 2491	Credit Union PAC P.O. Box 10409 Des Moines, Iowa 50306		500.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2,255.00	
TOTAL (if last page of this schedule)				\$	

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Page 1 of 6
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐

CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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11-4-09	ID# 6058 CK# 4627	Iowa Chiropractic Society PAC 100 East Grand Avenue, Suite 240 Des Moines, Iowa 50309		\$ 100.00	<input type="checkbox"/>
11-10-09	ID# 6099 CK# 1238	Meredith 1716 Locust St Des Moines, Iowa 50309-3023		350.00	<input type="checkbox"/>
11-17-09	ID# CK#	Troy Skinner 880 SE Walnut Ridge Drive Waukee, Iowa 50263		200.00	<input checked="" type="checkbox"/>
11-17-09	ID# CK#	Susan Cameron 600 Brentwood Drive Waukee, Iowa 50263		100.00	<input checked="" type="checkbox"/>
11-17-09	ID# 6096 CK# 2164	Manufactured Housing PAC 1400 Dean Avenue Des Moines, Iowa 50316-3938		250.00	<input checked="" type="checkbox"/>
11-17-09	ID# CK#	Mark Meyer 9332 Enfield Drive Johnston, Iowa 50131		100.00	<input checked="" type="checkbox"/>
11-17-09	ID# CK#	Jill Altringer 612 Oakhurst Drive Grimes, Iowa 50111		25.00	<input checked="" type="checkbox"/>
11-17-09	ID# CK#	Danell Lillard 105 NW 8th Street, Unit 108 Grimes, Iowa 50111		25.00	<input checked="" type="checkbox"/>
11-17-09	ID# CK#	Mona Bond 2818 West 1st Street Ankeny, Iowa 50023		250.00	<input checked="" type="checkbox"/>
11-17-09	ID# 6052 CK# 3423	Independent Insurance Agents of Iowa PAC 4000 Westown Parkway West Des Moines, Iowa 50265		250.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1,650.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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11-17-09	ID# 6069 CK# 2628	Iowa Industry PAC 904 Walnut Street, Suite 100 Des Moines, Iowa 50309-3503		\$ 250.00	<input checked="" type="checkbox"/>
11-17-09	ID# 6478 CK# 1210	Iowa Association of Nurse Anesthetists 1156 Forest Street Carroll, Iowa 51401		200.00	<input checked="" type="checkbox"/>
11-17-09	ID# 6351 CK# 1565	Petroleum Marketers & Convenience Stores of Iowa 10430 New York Avenue, Suite F Urbandale, Iowa 50322-3773		500.00	<input checked="" type="checkbox"/>
11-17-09	ID# 6101 CK# 3584	Truck PAC Iowa P.O. Box 6121, East Des Moines Station Des Moines, Iowa 50309		300.00	<input checked="" type="checkbox"/>
11-17-09	ID# 6077 CK# 2077	Iowa Pharmacy PAC 8515 Douglas, Suite 16 Des Moines, Iowa 50322		100.00	<input checked="" type="checkbox"/>
11-17-09	ID# 6498 CK# 1940	Well PAC 636 Grand Avenue, Station 13 Des Moines, Iowa 50309		500.00	<input checked="" type="checkbox"/>
11-24-09	ID# 6027 CK# 2792	Deere PAC Iowa 666 Grand Avenue, Suite 1707 Des Moines, Iowa 50309-2507		1,000.00	<input type="checkbox"/>
11-20-09	ID# 6107 CK# 3689	Qwest IPAC 925 High Street, 9S9 Des Moines, Iowa 50309		250.00	<input type="checkbox"/>
12-9-09	ID# 6486 CK# 1815	Iowa Telecom PAC 403 West 4th Street N, P.O. Box 1046 Newton, Iowa 50208		200.00	<input type="checkbox"/>
12-16-09	ID# 9736 CK# 3170	Iowans for a Skilled Workforce 707 East Locust Street Des Moines, Iowa 50309		200.00	<input type="checkbox"/>
SUB-TOTAL				\$ 3,500.00	
TOTAL (if last page of this schedule)				\$	

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Page 3 of 6
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12-26-09	ID# 6059 CK# 3416	Iowa Committee of Automotive Retailers 1111 Office Park Road West Des Moines, Iowa 50265		\$ 200.00	<input type="checkbox"/>
12-28-09	ID# 8052 CK# 5940	DuPont Good Government Fund 1007 Market Street Wilmington, Delaware 19898		200.00	<input type="checkbox"/>
12-31-09	ID# 6046 CK# 4614	Justice For All PAC 218 6th Avenue, Suite 526 Des Moines, Iowa 50309-4091		100.00	<input type="checkbox"/>
12-31-09	ID# 9748 CK# 1117	Midwest PAC 1636 NW 114th Street Clive, Iowa 50325-7071		100.00	<input type="checkbox"/>
12-31-09	ID# CK#	Susan Deahr 1148 Davis Avenue West Liberty, Iowa 52776		25.00	<input type="checkbox"/>
12-31-09	ID# CK#	Heidi Vittetoe 2504 Quince Avenue Washington, Iowa 52353		25.00	<input type="checkbox"/>
12-31-09	ID# CK#	Char Brennehan 1551 Larch Avenue Washington, Iowa 52353-9251		25.00	<input type="checkbox"/>
12-31-09	ID# CK#	Nancy Eichelberger 208 West Depot Wayland, Iowa 52654		25.00	<input type="checkbox"/>
12-31-09	ID# CK#	James Voigt 307 East Call Street Algona, Iowa 50511		100.00	<input type="checkbox"/>
1-5-09	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	2.24	<input type="checkbox"/>
SUB-TOTAL				\$ 802.24	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

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2-2-09	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	\$ 1.28	<input type="checkbox"/>
3-2-09	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	.96	<input type="checkbox"/>
4-6-09	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	.84	<input type="checkbox"/>
5-4-09	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	.60	<input type="checkbox"/>
6-1-09	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	.54	<input type="checkbox"/>
7-6-09	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	.64	<input type="checkbox"/>
8-3-09	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	.51	<input type="checkbox"/>
9-4-09	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	.58	<input type="checkbox"/>
10-5-09	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	.64	<input type="checkbox"/>
11-2-09	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	.59	<input type="checkbox"/>
SUB-TOTAL				\$ 7.18	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY RECEIPTS

☐ CHECK THIS BOX IF AMENDING FORM**COMMITTEE NAME** (Must be same as on Statement of Organization)

Reasoner For State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
12-7-09	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	\$ 1.20	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
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	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1.20	
TOTAL (if last page of this schedule)				\$ 8,215.62	

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(for Schedule A)

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**SCHEDULE****B**

(Rev. 07/03)

**MONETARY
EXPENDITURES**☐ **CHECK THIS BOX IF
AMENDING FORM**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2-2-09	ID# 9098 CK#	House Truman Fund, IDP 5661 Fleur Drive Des Moines, Iowa 50321	Donation	\$ 1,000.00
2-2-09	ID# 9098 CK#	House Truman Fund, IDP 5661 Fleur Drive Des Moines, Iowa 50321	Donation	100.00
2-10-09	ID# CK#	U.S. Postmaster State Capitol Des Moines, Iowa 50319	Stamps	122.01
2-18-09	ID# CK#	U.S. Postmaster State Capitol Des Moines, Iowa 50319	Stamps	88.81
3-3-09	ID# CK#	U.S. Postmaster State Capitol Des Moines, Iowa 50319	Stamps	79.68
3-4-09	ID# CK#	U.S. Postmaster State Capitol Des Moines, Iowa 50319	Stamps	98.77
3-17-09	ID# CK#	U.S. Postmaster State Capitol Des Moines, Iowa 50319	Stamps	144.42
3-19-09	ID# CK#	U.S. Postmaster State Capitol Des Moines, Iowa 50319	Stamps	191.40
SUB-TOTAL				\$ 1,825.09
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3-24-09	ID# CK#	U.S. Postmaster State Capitol Des Moines, Iowa 50319	Stamps	\$ 199.54
4-23-09	ID# CK#	U.S. Postmaster State Capitol Des Moines, Iowa 50319	Stamps	304.87
4-23-09	ID# CK#	U.S. Postmaster State Capitol Des Moines, Iowa 50319	Stamps	37.25
4-24-09	ID# CK#	U.S. Postmaster State Capitol Des Moines, Iowa 50319	Stamps	212.00
5-20-09	ID# CK#	Carter Printing 1739 East Grand Avenue Des Moines, Iowa 50316	Cards	267.71
11-12-09	ID# 9098 CK#	Iowa Democratic Party 5661 Fleur Drive Des Moines, Iowa 50321	Donation	240.00
12-11-09	ID# CK#	Petroleum Marketers & Convenience Stores of Iowa 10430 New York Avenue, Suite F Urbandale, Iowa 50322-3773	Fundraiser Food	265.00
12-31-09	ID# CK#	Mike Reasoner 702 New York Avenue Creston, Iowa 50801	Mileage 3,103 x .55	1,706.65
SUB-TOTAL				\$ 3,233.02
TOTAL (if last page of this schedule)				\$ 5,058.11

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)